

Name In Full

Certificate of Death

Florence Allen.

Died at ^{Town} *Doyleton* ^{County} *Hammond* MARYLAND

Date ⁹⁰² *Dec. 5th* 189 ^{Month} *Dec.* ^{Day} *5th* ^{Y.} *16-* ^{M.} *7th* ^{D.} *7th* ^{Native of} *Ind.* ^{Occupation} *Schoolgirl*

☒ Male ☒ White ☒ Married ☒ Widower ☒ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of *— — — — 27*

Wife

Father's Name *Richard Allen* ²⁷ *27* Mother's Name *Laura Allen.*

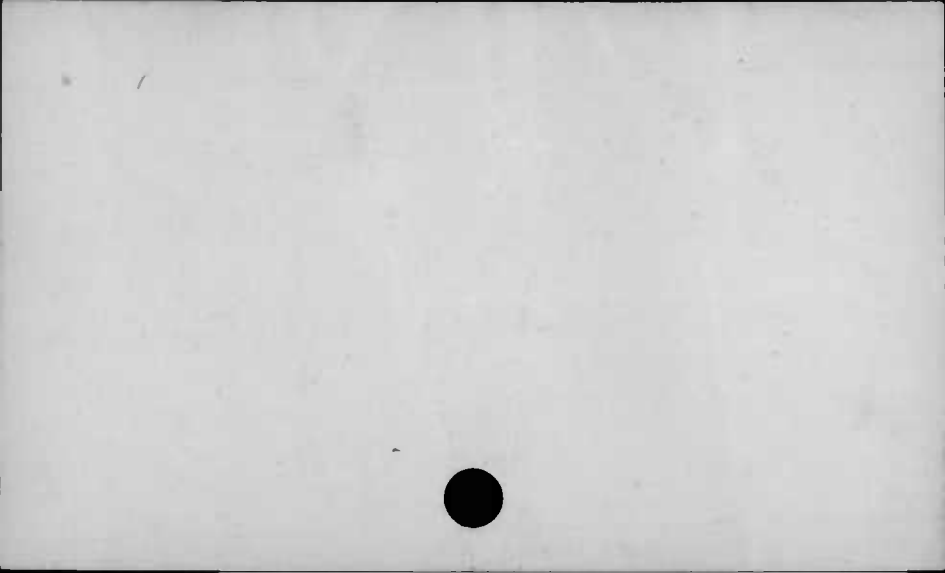
Cause of ☒ Primary *Pulmonary Tuberculosis* ^{How long sick} *5 months*

Death ☒ Immediate *Asphyxia* ^{Accident, Suicide, Homicide} *(X)*

Reported by *J. H. Williams, M.D.*

Address *Philadelphia, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Irene Barnes

Died at ^{Town} *Ellicott City* ^{County} *Howard* MARYLAND

Date 1902 ^{Month} *Dec* ^{Day} *10* Age *- 3 10* ^{M.} *md* ^{D.} *md* ^{Native of} *md* ^{Occupation}

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living}

Husband *on*


Wife *on*

Father's Name *Samuel Barnes* Mother's Maiden Name *Lizzie Morgan*

Cause of Death { Primary *Unknown. or a.s.* How long sick *—*

Death { Immediate *Supposed to be Pneumonia* Accident, Suicide, Homicide

Reported by *Stephen Hillinger & Son*

Address *Ellicott City*  *Undertakers.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information contained in this Certificate
received from Lizzie Morgan
no Physician in Attendance

Certificate of Death

Town

County

Died at

MARYLAND

Date 199

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Matt

WTO/W

~~Divorced~~

Husband of

Father's
Name

Mother's
Name

Cause of

Primary

Pneumonia 93

How long sick

6 days

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65962



Name in Full

Certificate of Death

Vida C. Corley

Town

County

Died at

Savage

Howard

MARYLAND

Date 1902 Month 12 Day 23 Age 5 Y. 11 M. 17 D. 17 Native of Va Occupation Infant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband
ofFather's
Name

John M. Corley

Mother's
Name

Margaret V. Corley

Cause of

Primary

Maxillary Caries

How long sick

11 mrs.

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

William W. W. W.

Address

146

Savage

M. J.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65022



Name
in
Full

Patrick F. Fliinn

CERTIFICATE OF DEATH

Town

County

Died at

Cella

Howard

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

Dec

16

Age

46

Sex

Male

Color or
Race

White

Birth-
place

Ireland

Married, Single
or Widowed

Occupation

Blacksmith

Name of Wife or
Husband

Mary Fliinn

Father's
Name

John Fliinn

Father's
Birthplace

Ireland

Mother's
Maiden Name

Bessie Fliinn

Mother's
Birthplace

Ireland

Name of person giving
In formation

166

How related
to deceased

CAUSES OF DEATH

Primary

Accident - Injuries

How long

24 hours

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. W. B. Rogers M.D.
Albion City, Md.

Accident - Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

[Faint handwritten notes or markings]

Name in Full

Certificate of Death

Hurdy Harris

Town

County

Died at

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Dec. 17

Age

60

Md

Laborer

Male

~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living 0

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Probably valvular trouble

How long sick

15 or 20 minutes

Death

Immediate

Pulmonary oedema

Accident, Suicide, Homicide

Reported by

W. R. Earskoon

Address

Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79806



Mrs Mary Lyndt

Town

County

Died at

MARYLAND

Date 1902 Dec 29

Month

Day

Y.

M.

D.

Native of

Occupation

Age 64. Maryland housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living two

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Chronic Enteric Colitis about 10 days

Acute Enteric Colitis

~~Accident Suicide Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ellen Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

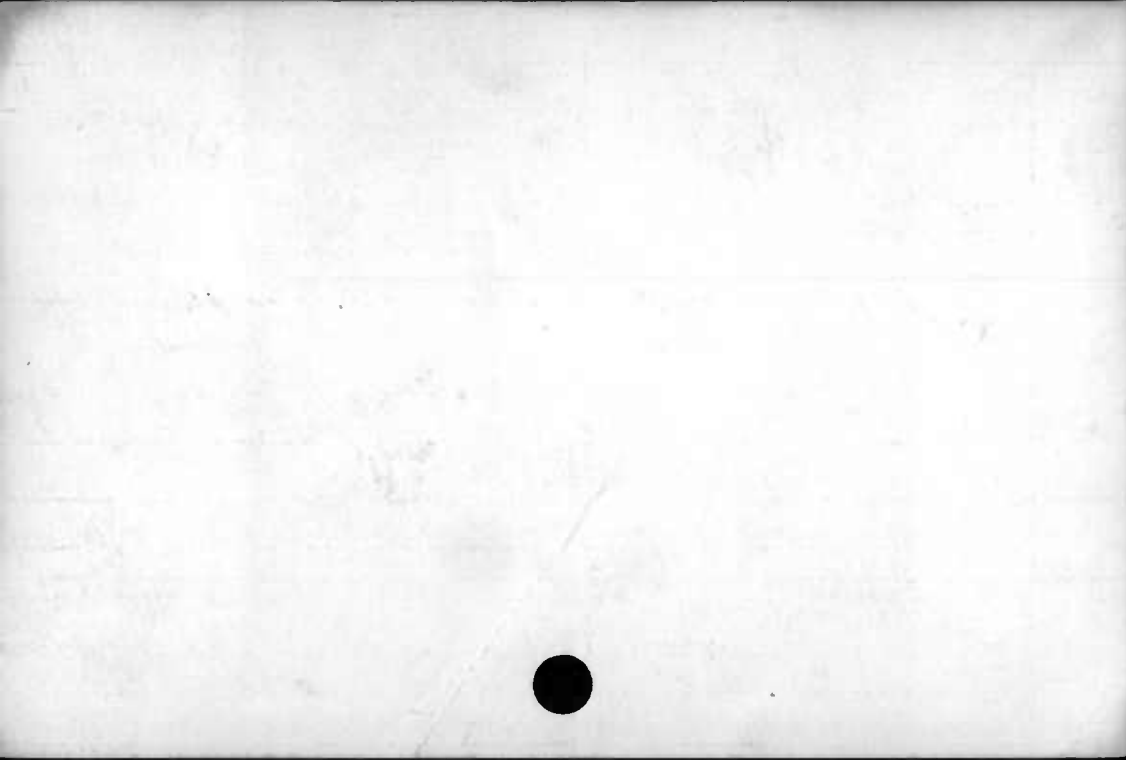
#10

Died <i>near Daisy</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>December</i> <small>Month</small>	<i>18</i> <small>Day</small>	Age <i>9</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>18</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Howard County</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>child</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Torney Myers</i>			Father's Birthplace <i>Carroll Co. Md.</i>		
Mother's Maiden Name <i>Mattie Myers Banks</i>			Mother's Birthplace <i>Hyattsville</i>		
Name of person giving information <i>John Roberson</i>			How related to deceased <i>step Grand father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>about 2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. O. Warfield</i>
	Address <i>Lisbon, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

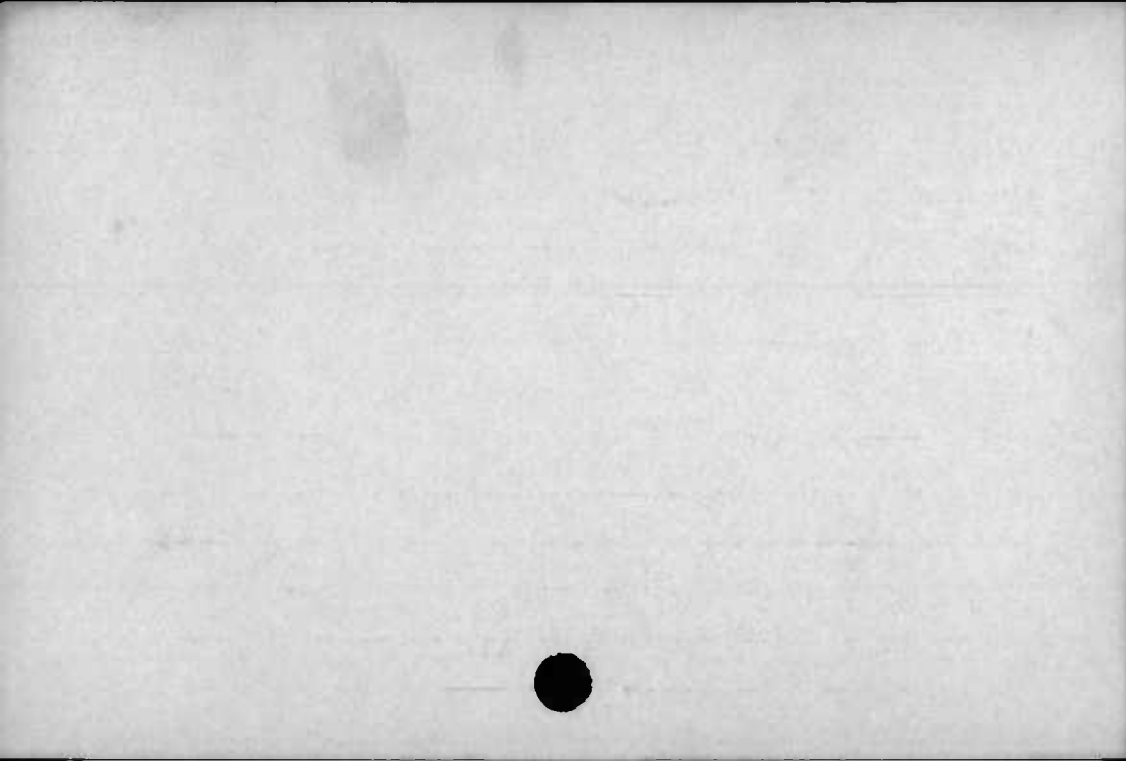
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bellevue Springs</i>		County <i>Wayne</i>		MARYLAND	
Date of death	1902	Month <i>12</i>	Day <i>25</i>	Age	Years <i>23</i>	Months	Days
Sex <i>Female</i>	Color or Race			Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Septicemia</i>	How long
Immediate	<i>Peritonitis</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Tracy, M.D.</i>
		Address <i>Libbion, Md.</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Hennrich Pool

Died at Irving Town Howard County MARYLAND

Date 19 02 12 20 Month Day Age 44 Y. M. D. Native of Maryland Occupation Farmer

Male White Married Widaw Divorced
Female Colored Single Widower Number of children living

Husband of _____
Wife _____

Father's Name Adam Pool Mother's Name _____
Maiden Name _____

Cause of Death { Primary Pulmonary Ptisis How long sick 2 years
Immediate Exhaustion Accident, Suicide, Homicide

Reported by Malvina E. Syme
Address West Ford Ship Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

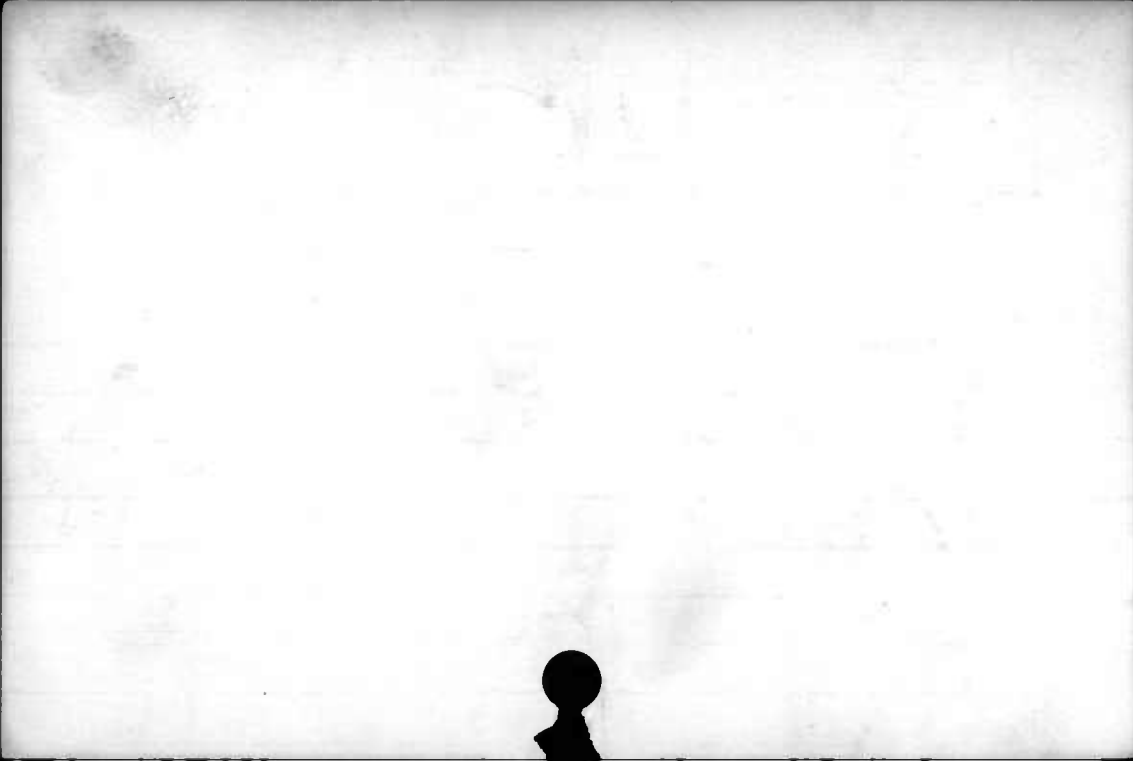
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mother Ann Radcliffe</i>		Town <i>Albion City</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Albion City</i>		Month <i>Dec</i>		Day <i>30</i>		Age <i>75</i>	
Date of death 1902		Month <i>Dec</i>		Day <i>30</i>		Years <i>75</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ellicott City</i>		Months <i>9</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife Husband <i>Sam'l J. Radcliffe</i>							
Father's Name <i>James Gosnell</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Rachel Gosnell</i>		Mother's Birthplace <i>Balto. Co.</i>					
Name of person giving information <i>179</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old with previous illness</i>	How long <i>_____</i>
Immediate <i>Heart Failure</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. B. Rogers M.D.</i>
	Address <i>Albion City Md.</i>
Accident or Suicide? <i>_____</i>	



John B. Rawlings

Died at **Am. Sp. Inn** **Howard** **MARYLAND**

Date 19 **02** **12** **9** | Age **47-10-5** | Native of **md** | Occupation **turner**

Male ☒ Female ☐ | White ☒ Colored ☐ | Married ☐ Single ☒ | Widow ☐ Widower ☐ | ~~Divorced~~ | Number of children living **4**

Husband of **Alice Rawlings**

Father's Name **Gormin Rawlings** | Mother's Maiden Name **M. A. Rawlings**

Cause of Death { Primary **Lung & Phlegmonous Pneumonia** | How long sick **4 days** |
 Immediate **Heart failure** | **10** | Accident, Suicide, Homicide ☐

Reported by **M. L. Williams M.D.**

Address **Savage**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

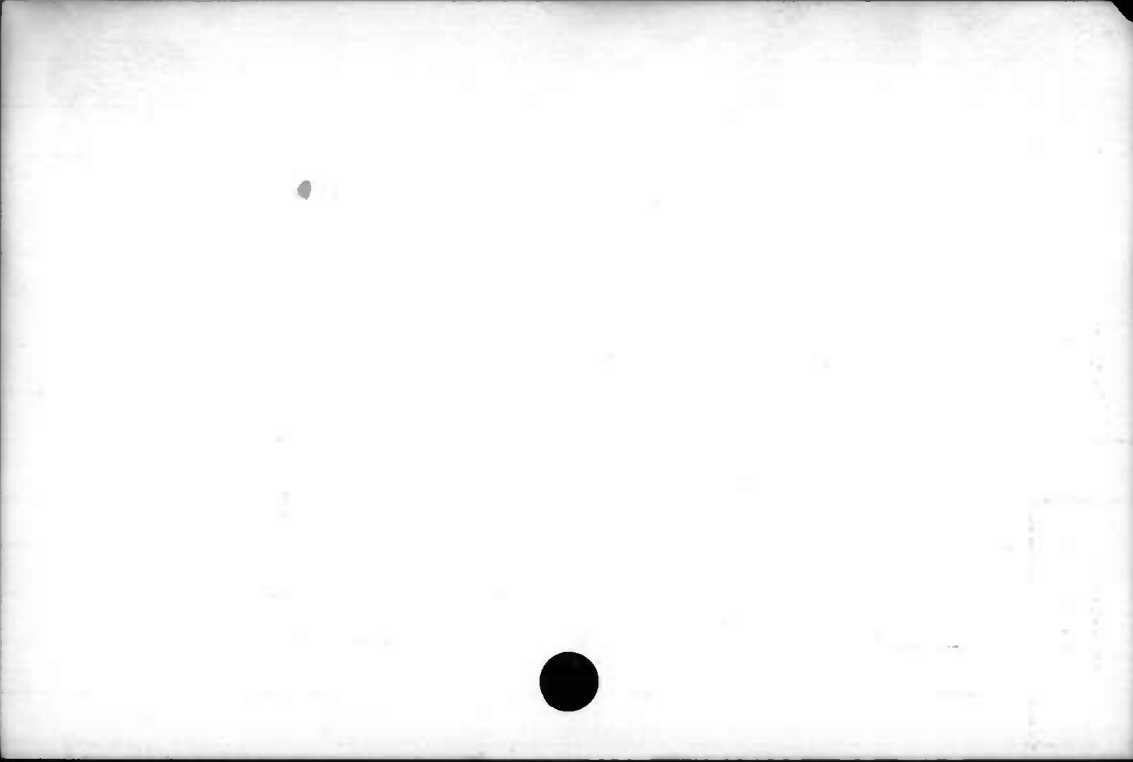
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town		<i>Howard</i>		County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>Dec</i>		Day <i>11</i>		Age		Years Months Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Ellicott City</i>					
Married, Single or Widowed <i>---</i>		Occupation <i>---</i>							
Name of Wife or Husband									
Father's Name <i>Allen Redman</i>					Father's Birthplace <i>Ellicott City</i>				
Mother's Maiden Name <i>Julia Prier</i>					Mother's Birthplace <i>Ellicott City</i>				
Name of person giving information <i>Allen Redman</i>					How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infant</i>		How long <i>151</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Physician</i>	
		Address <i>Milton Easton</i>	
		<i>Ellicott City</i>	
Accident or Suicide?			



Name in Full

Died at

Date 19

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robert Ryan.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Coleen Ga.

Town

County

Howard.

MARYLAND

Date

of death 1902

Month

Dec.

Day

6th

Years

Age 74.

Months

Days

Sex

Male.

Color or
Race

Black.

Birth-
place

Howard Co.

Married, Single
or Widowed

Widowed.

Occupation

Laborer.

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

Charles P. White.

How related
to deceased

CAUSES OF DEATH

Primary

Old Age

How long

3 years full

Immediate

Heart Failure

How long

a few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

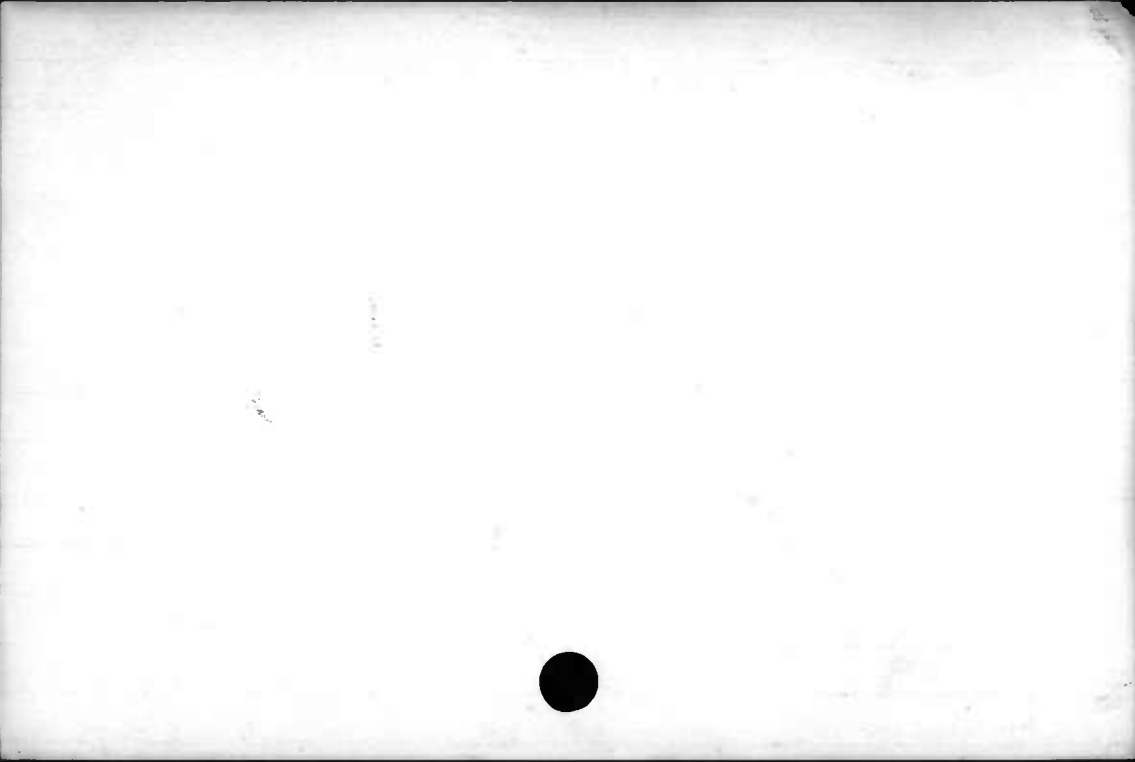
R. J. Ryan

Address

Edgewood City, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Louisa Beatrice Seaton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> Town		<i>Howard</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>December</i>	Day <i>28</i>	Age <i>19</i> Years	Months <i>2</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Washington D.C.</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Frederick A. Seaton</i>			Father's Birthplace <i>New York</i>		
Mother's Maiden Name <i> Hannah Dorsey</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Frederick A. Seaton</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>2 months</i>
Immediate <i>Same</i>	How long <i>Same</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>J. Marcus Langille M.D.</i>
	Address <i>438 W. Bidder Street</i>
Accident or Suicide?	

2

1



Name in Full

Certificate of Death

John Stewart
 Town County
 Died at Woodstock Howard MARYLAND
 Month Day Y. M. D. Native of Occupation
 Date 1902 Dec 26 Age about 70 yrs. and Laborer
 Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ Widower Number of children living 5
 Husband of Annis Stewart 79
 Father's Name not known Mother's Maiden Name not known
 Cause of Death { Primary Organ's heart disease & Choke & Coughs about 2 yrs
 Immediate Pulmonary edema & Coma
 How long sick
 Accident, Suicide, Homicide
 Reported by C. F. Shipley and
 Address Granby and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Howard Edward Tabbs

Town

County

Died at Elk Ridge Howard

MARYLAND

Date 1902 Dec 16 | Y. M. D. | Age 11-2-21 | Native of Md | Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Edward Tabbs

Mother's

Maiden Name

Laura V. Shorto

Cause of

Primary Potts Disease -

How long sick

Death

Immediate Pulmonary tuberculosis - Exhaustion

Accident, Suicide, Homicide

Reported by

Mr. R. E. Eareckson

Address

Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Helen Mary Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodstock</i>		Town <i>Woodstock</i>		County <i>Howard</i>		MARYLAND	
Date of death 190	<i>2</i>	Month <i>Dec.</i>	Day <i>3rd</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>4 1/4</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Woodstock</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>				<i>15</i>			
Father's Name <i>William Thomas</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Marguerite Haridy</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>William Thomas</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>Collapsus & Exhaustion</i>	How long <i>On 4th day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. W. Ward, M.D.</i>
<i>Granite</i>	Address <i>Balta, C., Md.</i>
Accident or Suicide? <i>—</i>	<i>—</i>

